

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

Requirements for Third Party Liability -
Identifying Liable Resources

(b) (1) Frequency of data exchanges:

SWICA - Semi-monthly on new applicants; Quarterly and monthly on all recipients

BEERS - Monthly

WORKMANS COMPENSATION - Quarterly

MOTOR VEHICLE ACCIDENT FILES - Quarterly

TITLE IV-A - Twice per week

TRAUMA CODE EDITING - Conducted with each weekly cycle. Each claim is edited for trauma codes and, if present, the claim suspends for third party review on Monday of each week.

(2) Follow-up Methods

(a) SWICA and BEERS - When employment is identified for a recipient, the Central Office notifies the worker in the field office. The worker contacts the employer and verifies the third party resource. If a resource is identified, then the worker enters the TPR information directly into EPICS utilizing the third party screen. This information then becomes part of the regular EPICS/MMIS interface, which occurs two times per week. The field office has a 30 day period to work the verification process.

(b) Title IV-A - This data exchange occurs as a part of the twice a week update between MMIS and EPICS as a function of the on-going data interface. Within 30 days, the worker must enter the information into EPICS.

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- (2) (c) Health Insurance Information - No data exchange exists with health insurance agencies. Workmen's compensation data exchange is followed up by the Third Party Recovery Unit of the Bureau of Welfare Medical Programs within 45 days of receipt of the data exchange.
- (3) Follow-up on State Motor Vehicle Accident Report file data.

The information obtained from the motor vehicle accident report file data exchange is worked and resources updated to the system within 45 days of receipt. The report will include the accident report numbers. The actual report will be requested from motor vehicles for any accident involving a Medicaid recipient for which claims have been paid.

A questionnaire will be sent to the recipient to determine if a claim has been filed against the liability insurance or if an attorney has been retained. If no response to the questionnaire is received within 30 days, a follow-up will be sent.

- (4) Follow-up on Trauma Codes.

The Third Party Unit follows up on all claims submitted with a trauma code on a weekly basis. If a question exists as to the possibility of attorney involvement, a TPR questionnaire is sent within a week of the claims suspense. Providers are required to provide basic information at the time of claims submission regarding the how, when, and where of injuries. Cases with identified attorney involvement are routed to the Attorney General's office within five days. The AG contacts the attorney within 30 days of the claims arrival in the Third Party Recovery Unit.

On a monthly basis a report is generated that lists all claims that were returned to providers for trauma related diagnosis and were subsequently resubmitted. This is the TPR repayment summary report. The report lists diagnosis codes, total amount billed, Medicaid allowed amount, and other insurance payment if any. This report is reviewed to determine which diagnosis codes yield the highest and most consistent recoveries.

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